

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Stanley Blackinton

CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|------------------|--------|--------|---------------------|----------|----|
| Died at | | Town | County | | MARYLAND | |
| Date of death 1917 | Month Sept | Day 5- | Years | Months | Days | 10 |
| Sex Male | Color or Race | White | | Birth-place | Maryland | |
| Married, Single or Widowed | Occupation | | | 50 | | |
| Name of Wife or Husband | G. W. Blackinton | | | Father's Name | Maryland | |
| Father's Name | Maryland | | | Mother's Name | Maryland | |
| Mother's Maiden Name | Mary B. Beck | | | Father's Birthplace | Maryland | |
| Name of person giving Information | Father | | | Mother's Birthplace | Maryland | |
| How related to deceased | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|-----------|-------------------|----------|---------|
| Primary | Amus Occlusion of | How long | 15 days |
| Immediate | | How long | 11 |

Are the name, age, sex, color, date and place correctly given above?

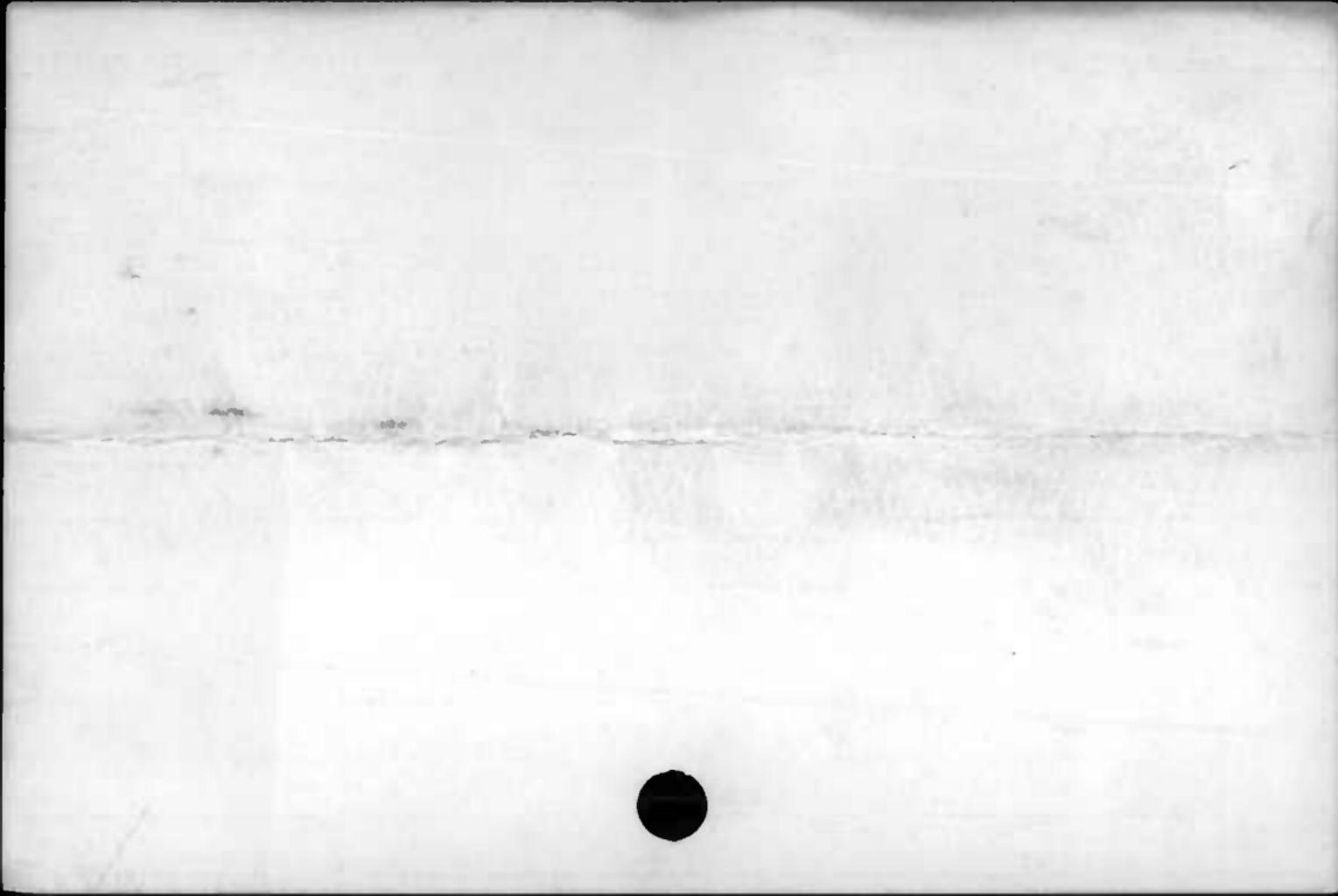
Signature of Physician

R. J. Beall MD

Address

Rock Hall

Accident or Suicide?



Name
in
Full

George T. Blake

CERTIFICATE OF DEATH

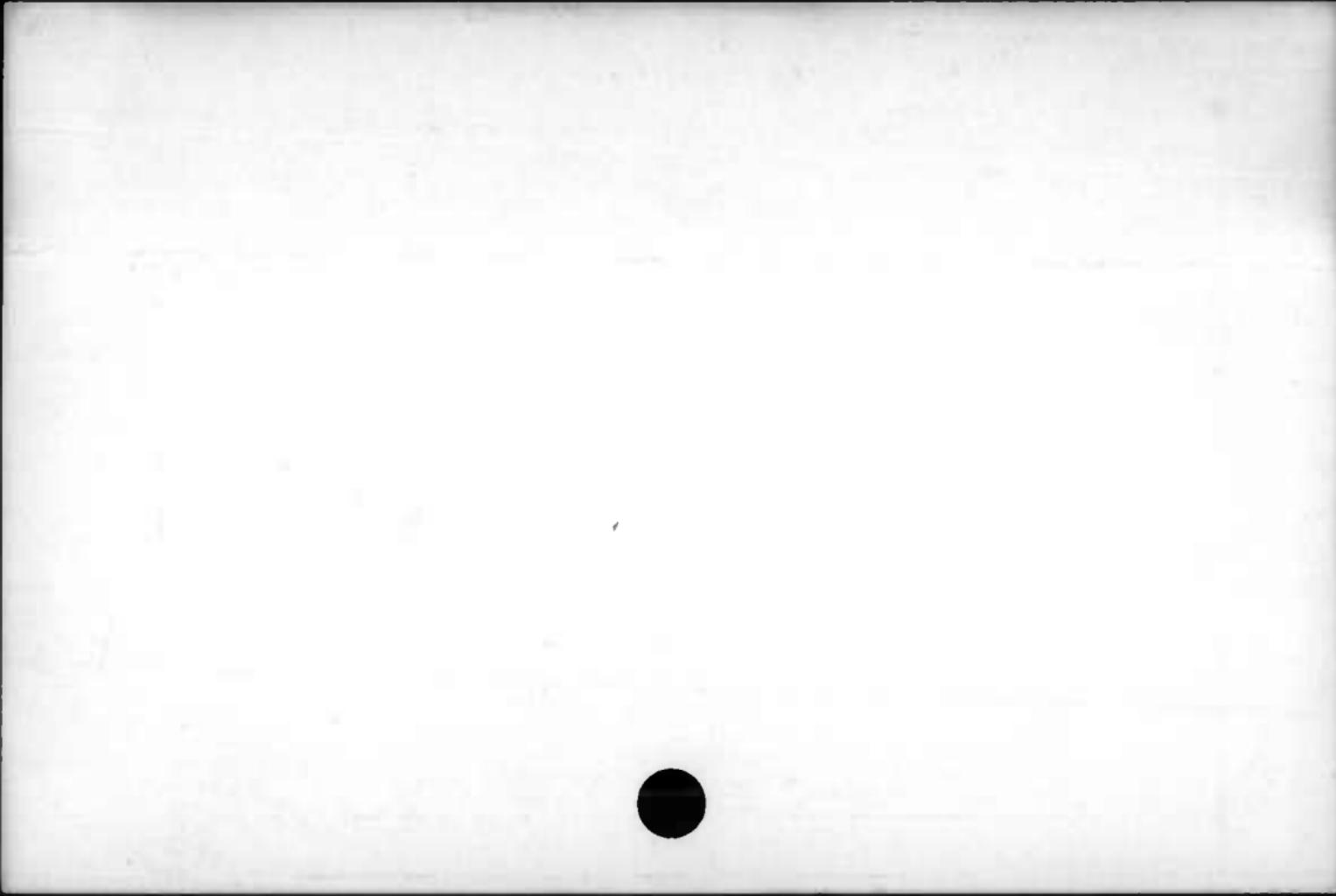
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|------------------|--------------------|----------------------------|---------------|-------------|-----------|--|
| Died at 7 year | | Town Georgetown | County Kent | | MARYLAND | | |
| Date of death 1903 | Month Sept | Day 16 | Age 21 | Years | Months 2 | Days 2 | |
| Sex Male | Color or Race | Black | Birth- place | Kent Co., Md. | | | |
| Married, Single or Widowed | Occupation | | Laborer | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name | Samuel T. Blake | | Father's Birthplace | Kent Co., Md. | | | |
| Mother's Maiden Name | Lizzie Gross | | Mother's Birthplace | Kent Co., Md. | | | |
| Name of person giving Information | Samuel T. Blake | | How related to deceased | Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---------------|---|-----|---------------------------|
| Primary | Hemorrhage | | How long |
| | Lumbar Abscess | | 1 year |
| Immediate | Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician |
| | | | Address |
| Addressed to: | | | |



Name
in
Full

Archie B Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-----------------|--------------------|--------|-------------|----------|------|
| Died at | Town | | County | | MARYLAND | |
| Date of death 190 | Month | Day | Age | Years | Months | Days |
| Sex | Color or Race | Occupation | | Birth-place | | |
| Married, Single or Widowed | Singer | Mate on Steam Boat | | Talbot Co | | |
| Name of Wife or Husband | | | | | | |
| Father's Name | Thomas S Bowers | | J | | Md. | |
| Mother's Maiden Name | Susan Kelley | | J | | Md | |
| Name of person giving Information | Geo L Bowers | | | | Boaster | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------------|------------------------|------------------|
| Primary | Laryngeal & Pulmonary Tuberculosis | | How long |
| Immediate | Laryngeal & Pulmonary Tuberculosis | | How long |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | H. Benge Simmons |
| I only saw deceased once, and he was then almost gone. | | Address | Chesapeake Md. |
| Accident or Suicide? | No | | |

Still Pond.

Name
in
Full

Henry Llewellyn Boyd

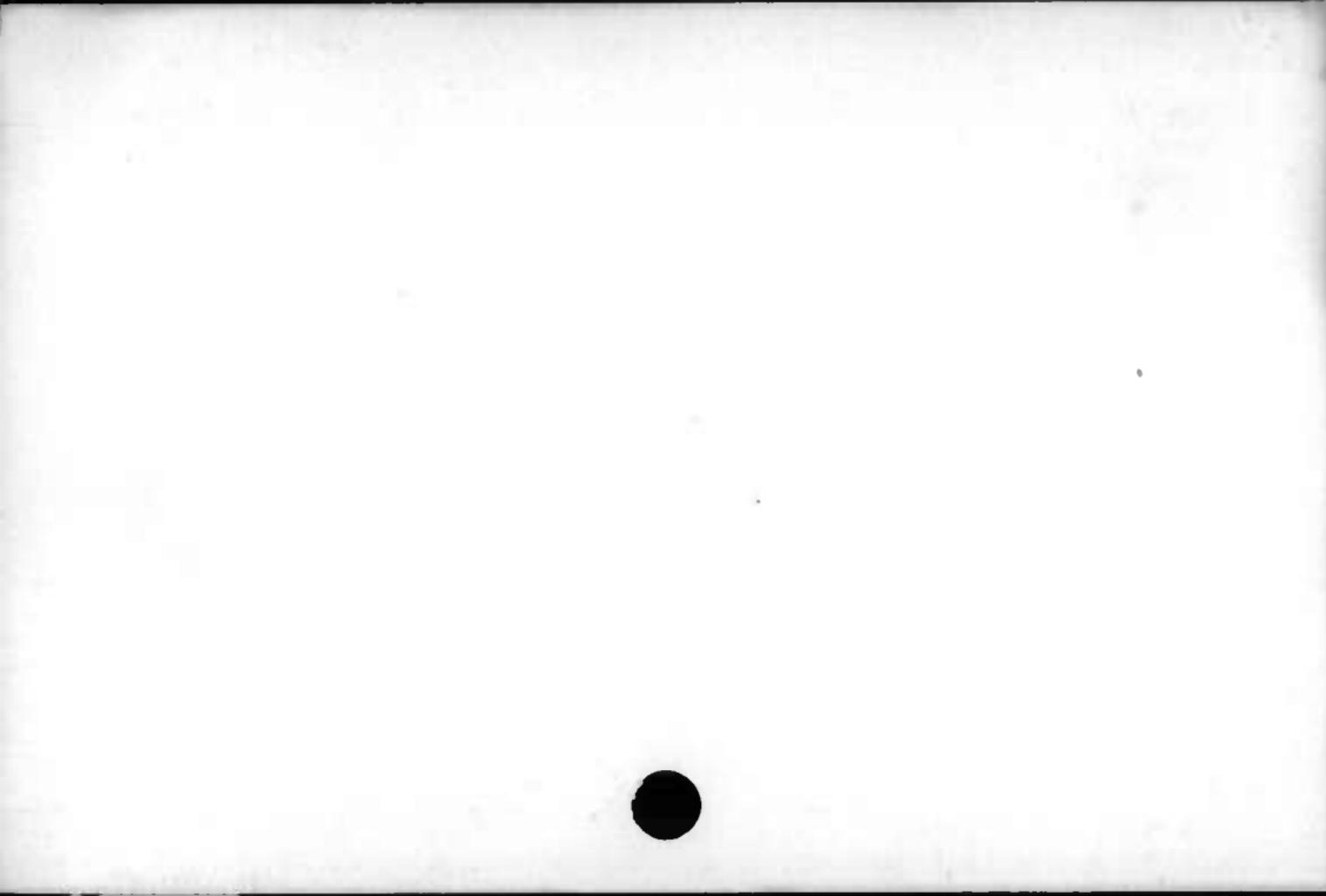
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|-----------------------|-------------------------|-------------------------|------------------|
| Died at | Town | County | MARYLAND | |
| Date of death 1908 | Month Sept | Day 4 | Years 15 | Months 4 Days 24 |
| Sex Male | Color or Race White | Birth-place Chestertown | | |
| Married, Single or Widowed | Occupation School-boy | | | |
| Name of Wife or Husband | | | | |
| Father's Name | Henry Lawson Boyd | | Father's Birthplace | Magland |
| Mother's Maiden Name | Jennie Friel | | Mother's Birthplace | Magland |
| Name of person giving Information | Elva C. Friel | | How related to deceased | Aunt |

CAUSES OF DEATH

| | | | | |
|--|-----------|------------------------|------------------|--------|
| PHYSICIAN OR CORONER | Primary | Septic Endocarditis | How long | 7 days |
| | Immediate | Syncope | How long | 3 hrs |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | H.G. Simpers | |
| | | Address | Chesertown, Kent | |
| Accident or Suicide? | | No. | | |



Name
in
Full

Henry Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|----------------------------|------------------------------------|---------------|-----------------|-----------------|----------------|
| Died at <u>Davis' home</u> | | County <u>Kent</u> | | MARYLAND | | |
| Date of death <u>1903</u> | Month <u>Sept.</u> | Day <u>23</u> | Age <u>19</u> | Years <u>19</u> | Months <u>9</u> | Days <u>27</u> |
| Sex <u>Male</u> | Color or Race <u>Brown</u> | Birth-place <u>Kentville, N.S.</u> | | | | |
| Married, Single or Widowed | <u>Single</u> | Occupation <u>Labourer.</u> | | | | |
| Name of Wife or Husband | | | | | | |
| Father's Name | <u>George Briscoe</u> | | | | | |
| Mother's Maiden Name | <u>Kentville Scott</u> | | | | | |
| Name of person giving Information | <u>George Briscoe</u> | | | | | |

CAUSES OF DEATH

| | | | |
|--|------------------------------|--|---------------------------|
| Primary | <u>Neuritis Fever.</u> | | How long |
| Immediate | <u>Intestinal hemorrhage</u> | | How long <u>our work.</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician <u>J. Norton Kelley</u> | |
| | | Address <u>Kennedy Ave., N.S.</u> | |
| Accident or Suicide? | | | |

John Adams
Davis will

Name
in
Full

William Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|---------------------------|-------------------------|--------------------------------------|-----------------------|-------------|-----------|--|
| Died at <u>Coterman</u> | | Town <u>Coterman</u> | | County <u>Plum</u> | | MARYLAND | |
| Date of death 1903 | Month Sept | Day 3 | Age 66 | Years 66 | Months — | Days — | |
| Sex Male | Color or Race Black | Occupation Laborer | Birth- place Md | | | | |
| Married, Single or Widowed married | Occupation Laborer | | | | | | |
| Name of Wife or Husband Mary Friesby | | | | | | | |
| Father's Name Wm Brown | | | Father's Birthplace Md | | | | |
| Mother's Maiden Name — | | | Mother's Birthplace — | | | | |
| Name of person giving Information Char Friesby | | | How related to deceased Nephew | | | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary Paralysis. | How long two days. |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? Yes. | Signature of Physician Wm. S. Maxwell, Address Still Pond, Md. |
| Accident or Suicide? | |

still fog

Mary Matilda Eisenbrey

Town

County

MARYLAND

Died at Eddesville

Kent

| | | | | | | | |
|-----------|------------|---------|---------|----|---------|--------------|-----------------------------|
| Date 1903 | Month Sept | Dey 21 | Y. 49 | M. | D. | Native of Md | Occupation Housewife |
| Male | | White | Married | | Widow | Divorced | |
| Female | | Colored | Single | | Widower | | Number of children living 3 |

| | | | | | |
|----------------|--|-----------------------|--|-----------------------------|----------------|
| Husband of | | William Eisenbrey | | | |
| Wife | | Stephen Kendall | | Mother's | Sarah E Donney |
| Father's Name | | | | Maiden Name | |
| Cause of Death | | Primary Typhoic Fever | | How long sick | |
| Death | | Immediate exhaustion | | Accident, Suicide, Homicide | |

Reported by

J W Mc Clary, M.D.
Rock Hall



M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Rachael Purline Davis

CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|-------------------|---------------|-------------------------|-------------|----------|--------|
| Died at | | Town | County | | MARYLAND | |
| Died at | | Maryland | Egmont | | | |
| Date of death | 1903 | Month Sept. | Day 17 | Age 60 | Years | Months |
| Sex | Female | Color or Race | White | Birth-place | | |
| Married, Single or Widowed | Married | | Occupation | Housewife | | |
| Name of Husband | Samuel Davis | | | | | |
| Father's Name | Cornelius Purline | | Father's Birthplace | | | |
| Mother's Maiden Name | Purline-Deecox | | Mother's Birthplace | | | |
| Name of person giving information | Amelia P. Mathews | | How related to deceased | | | |
| DAUGHTER | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|-----------|-----------|----------|---------|
| Primary | Gastritis | How long | 12 days |
| Immediate | | How long | |

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Hartshorne,
Maryland

Accident or Suicide?

Christians

Mrs Belle Fisher

| | | | | | | | |
|----------------|--|---------------------|-----------|-----------|----------------------|----|---------------------------|
| Died at | | Town | County | Native of | | | Occupation |
| 1803 | | Cheselvton | St. Marys | Maryland | | | MARYLAND |
| Date of | | Month | Day | Y. | M. | D. | |
| | | Aug | 14 | 702 | X | | |
| Male | | Age | | Widow | Deceased | | Number of children living |
| Female | | White | Married | Widower | | | 2 |
| Husband of | | D. S. G. Fisher | | | D. | | |
| Wife | | Jewellustal | | | Hannette Ringsted | | |
| Father's Name | | Esther Tuberculosis | | | How long sick | | |
| Cause of Death | | Exhaustion | | | 2 1/2 years | | |
| Primary | | | | | | | |
| Immediate | | | | | | | |
| Reported by | | W. Frank Hayes MD | | | Accident or Homicide | | |
| Address | | Cheselvton | | | MD | | |

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha A. E. Harper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---------------------|-------------------------|----------------|-------|----------|------|
| Died at | | Town | County | | MARYLAND | |
| Died at | Still Pond | | Kent | | | |
| Date of death 1903 | Month Sept | Day 28 | Age 71 | Years | Months | Days |
| Sex female | Color or Race White | Occupation | Birth-place Md | | | |
| Married, Single or Widowed | married | House wife | | | | |
| Name of wife or Husband | Franklin H. Harper | | | | | |
| Father's Name | Joseph J. Webb | Father's Birthplace | Md | | | |
| Mother's Maiden Name | Asenath Stoney | Mother's Birthplace | Md | | | |
| Name of person giving information | Joseph W. Harper | How related to deceased | son | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|----------|-----------------------------------|
| Primary | Bright's Disease | How long | 10 yrs. |
| Immediate | Paralysis. | How long | 4 days. |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | Address | W. S. Maxwell, Still Pond, Md. |
| Yes. | | | |
| Accident or Suicide? | | | |

Still Pond

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------------|---------------|------------|-----|-------------------------|-------------|--|
| <i>Johns. Thmo. Henry</i> | | | | | CERTIFICATE OF DEATH | | |
| Died at | | Town | County | | MARYLAND | | |
| Date of death 1903 | Month | Day | Years | Age | Months | Days | |
| | Sep. | 22. | 23. | 23. | — | 51 | |
| Sex | Male | Color or Race | Occupation | | Birth-place | | |
| Married, Single or Widowed | Single | Black | Oysterman | | Kings Co Md. | | |
| Name of Wife or Husband | none. | | | | | | |
| Father's Name | George. Thomas. Henry. | | | | Father's Birthplace | Kent Co Md. | |
| Mother's Maiden Name | Barlow, Rosina P. | | | | Mother's Birthplace | Kent Co Md. | |
| Name of person giving information | George. Thomas. Henry. | | | | How related to deceased | Father. | |
| CAUSES OF DEATH | | | | | | | |
| Primary | Sphincter | | | | How long | 3 weeks. | |
| Immediate | Constriction | | Paroxysm | | How long | 5 days. | |

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

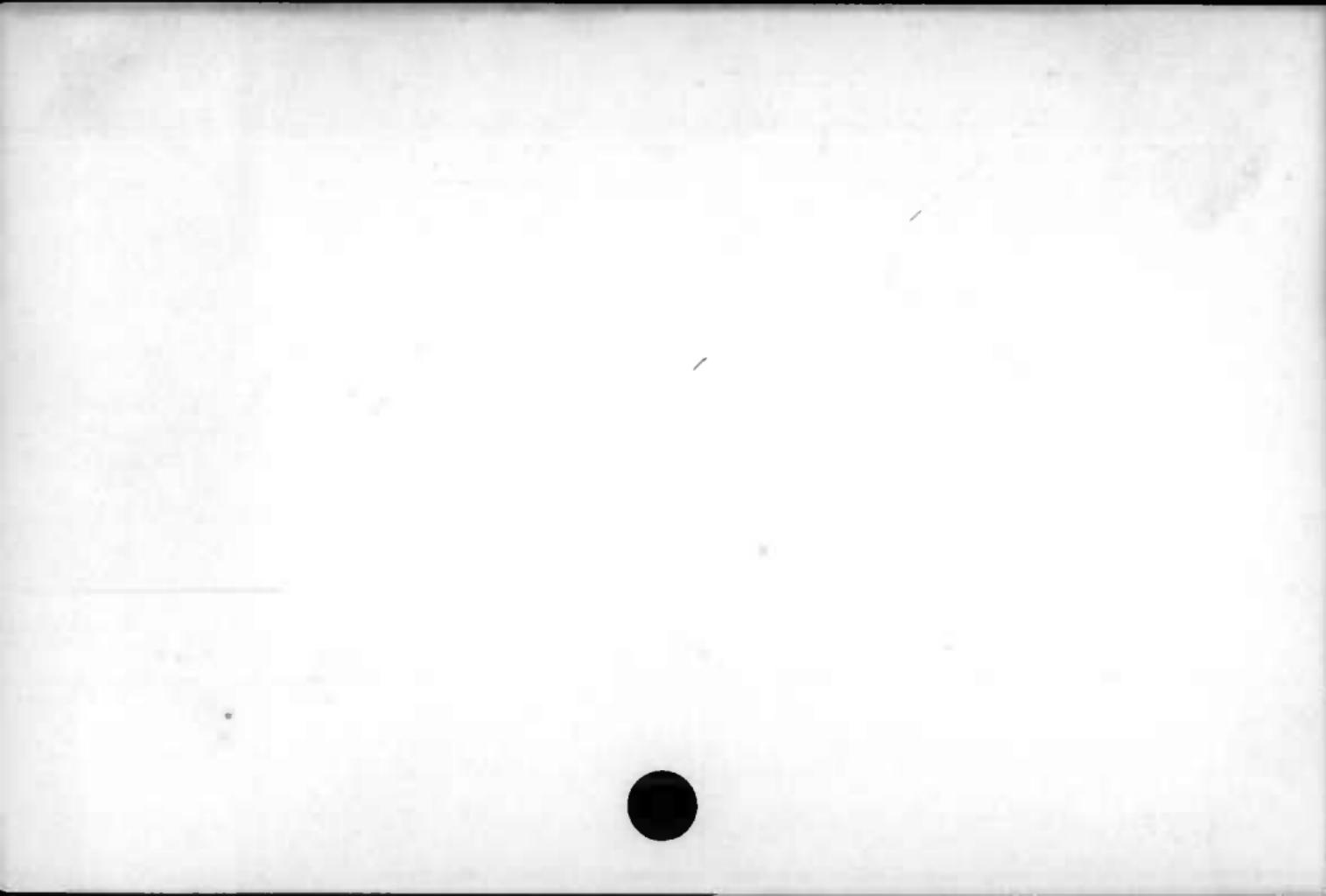
yes.

Signature of Physician

Address

Coronel
Coronel
Coronel

Accident or Suicide?



James R Jones
Town

Died at Millington Town Kent County

Date 1903 Month Sept Day 1 Age 78 Y. M. D. Native of Delaware Occupation Retired from
 Male White Married Widow Widower Divorced
Female Colonist Single Number of children living 6

Husband of Lydia L. Jones
Wife
Father's

Father's Name Jonathan Jones

Cause of Primary *Cystitis*

Mother's
Name

23.
Anna James

How long sick
Two weeks

Accident, Suicide, Homicide

Reported by

E. G. Clarke

Millington  Mich.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

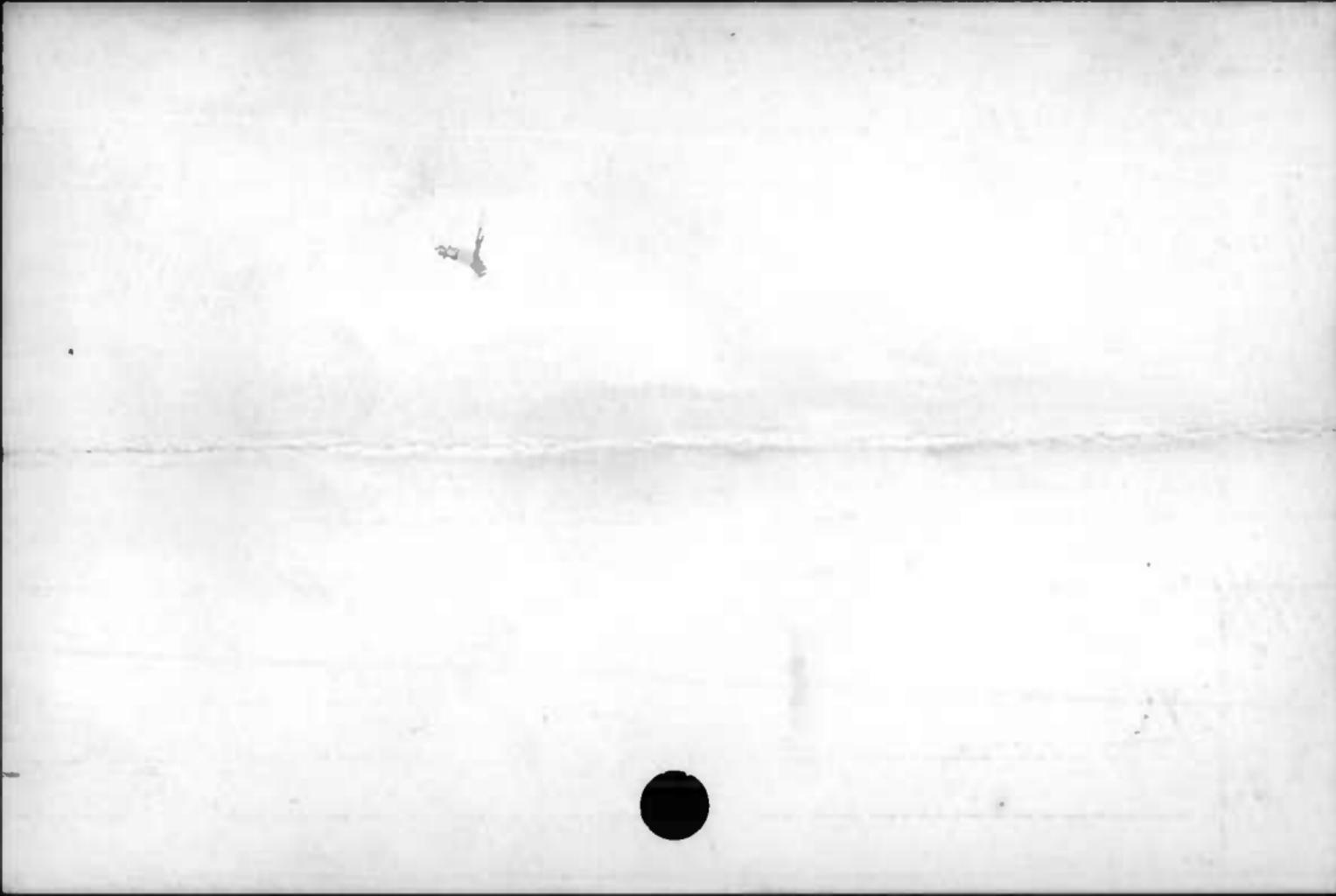


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| CERTIFICATE OF DEATH | | | | | | |
|--|--|---------------------|--------------------|-------------|-------------|----------------------|
| Died at | | Town Rocky Flats | County Kent Co. | MARYLAND | | |
| Date of death 1903 | Month Sept. | Day 7 | Age 62 | Years 62 | Months 3 | Days 9 |
| Sex Female | Color or Race | white | | | | |
| Married, Single or Widowed Married | Occupation Housewife | | | | | |
| Name of Wife or Husband Samuel Joyner | | | | | | |
| Father's Name Joseph W. Ford | Father's Birthplace Kent Co. | | | | | |
| Mother's Maiden Name Henrygatta + | Mother's Birthplace Smyth Co. | | | | | |
| Name of person giving Information Thomas Joyner | How related to deceased Son | | | | | |
| CAUSES OF DEATH | | | | | | |
| Primary Paralysis | | | | | | How long 10 years |
| Immediate Exhaustion | | | | | | How long 3 days |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician W. O. Selby Address Rocky Flats Md. | | | | | |
| Accident or Suicide? | | | | | | |



Name
in
Full

Emily Jane Cooper Long

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-----------------------|-------|---------------------|-------------|--------------|--|
| Died at | | Town | County | MARYLAND | | |
| Date of death 1903 | Monthly | Day | Years | Months | Days | |
| Sex Female | Color or Race | White | Age 30 | Birth-place | Kent Co. Md. | |
| Married, Single or Widowed | Occupation | | Housewife | | | |
| Name of Wife or Husband | George W. Long | | | | | |
| Father's Name | Joseph S. Cooper | | 93 | | | |
| Mother's Maiden Name | Gloria Etta Argadine | | Father's Birthplace | | | |
| Name of person giving Information | Mrs Joseph S. Cooper. | | Mother's Birthplace | | | |
| How related to deceased Mother. | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

Immediate

Pneumonia

How long

two weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. J. Barnwick

Address

Tennedville

Md.

Accident or Suicide?



Name
in
Full

Mabel Mauersching

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|-----------------------------------|------------------------------|---------------------------------|------------|-------------|------------|--|
| Died at | | Town Chesterville | County Kent | | MARYLAND | | |
| Date of death 190 | Month 3 Sept. | Day 16 | Age — | Years — | Months — | Days 12 | |
| Sex Female | Color or Race White | Birth-place Chesterville. | | | | | |
| Married, Single or Widowed | Occupation | | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name Jacob Mauersching | Q.B. | | Father's Birthplace Delaware | | | | |
| Mother's Maiden Name Emma McNatt | | | Mother's Birthplace Maryland | | | | |
| Name of person giving information Jes. Mauersching | How related to deceased Father | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

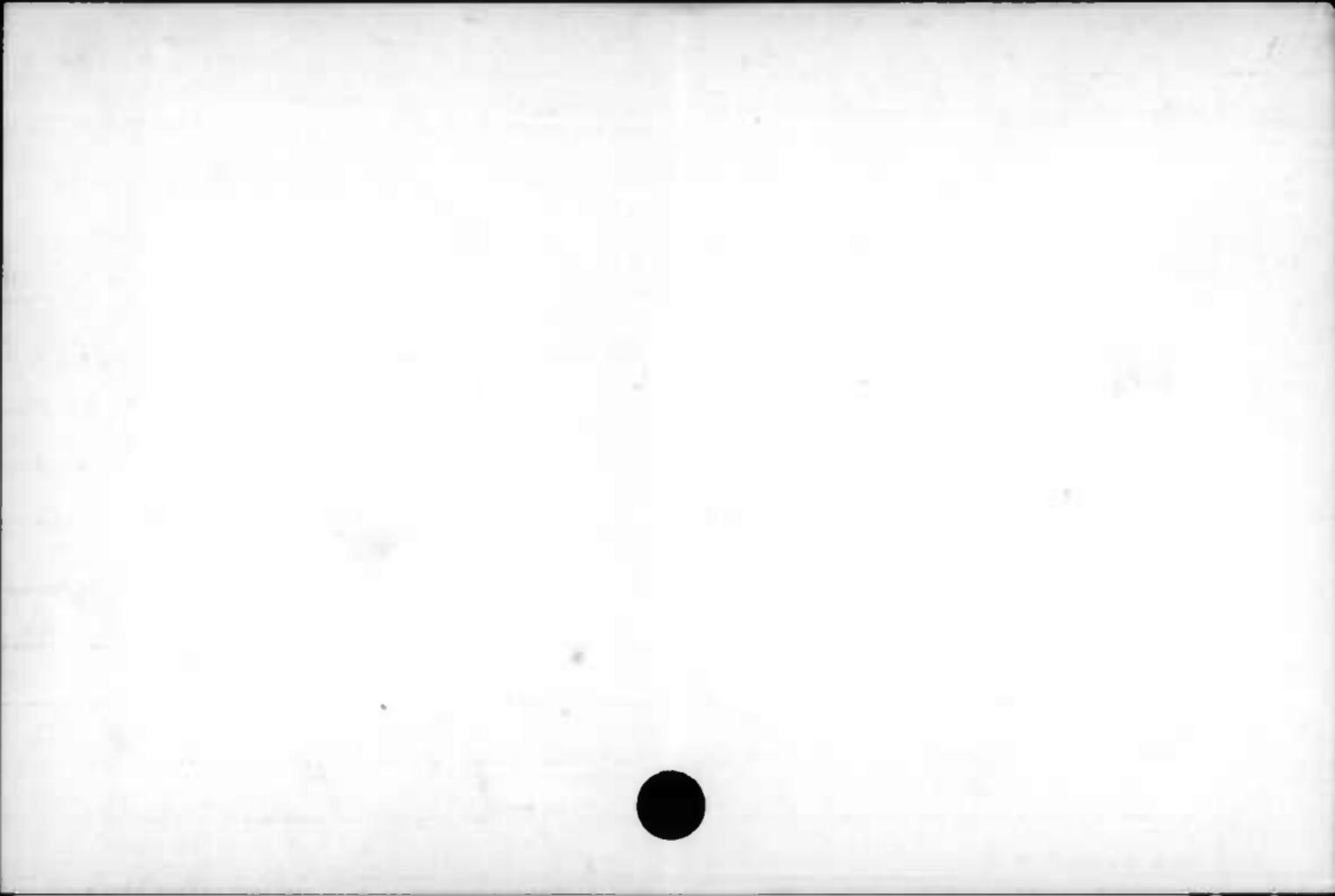
Yes

Signature of Physician

Address

C P Gouraud M.D.
Wilmington Md.

Accident or Suicide?



Name
in
Full

Hannah Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--------------------------------------|------------------|------------|--------|-----------------|----------------------------|------------|
| Died at | Town | | County | | MARYLAND | |
| | Dexter | | Kent. | | | |
| Date of death 1903 | Month | Day | Age | Years | Months | Days |
| | Sept. | 27. | 83. | | | |
| Sex | Color or Race | Occupation | | Birth- place | Kent Co Md | |
| Married, Single or Widowed | Wilson | | | | | |
| Name of Wife or Husband | Aaron Miller | | | | | |
| Father's Name | Caleb Days | | 20 | | Father's Birthplace | Caleb Days |
| Mother's Maiden Name | Anna Days | | | | Mother's Birthplace | |
| Name of person giving Information | Ed Miller | | | | How related to deceased | Son |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|---|----------------------|---------------------------|---------------------------------|----------|
| Primary | Pneum. degeneration. | | How long | 6 months |
| Immediate | from Pneum. | | How long | 3 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | W. O. H. D. | |
| | | Address | 610 Ohio St. Chesterton, Ind | |
| Accident or Suicide? | | | | |



Name
in
Full

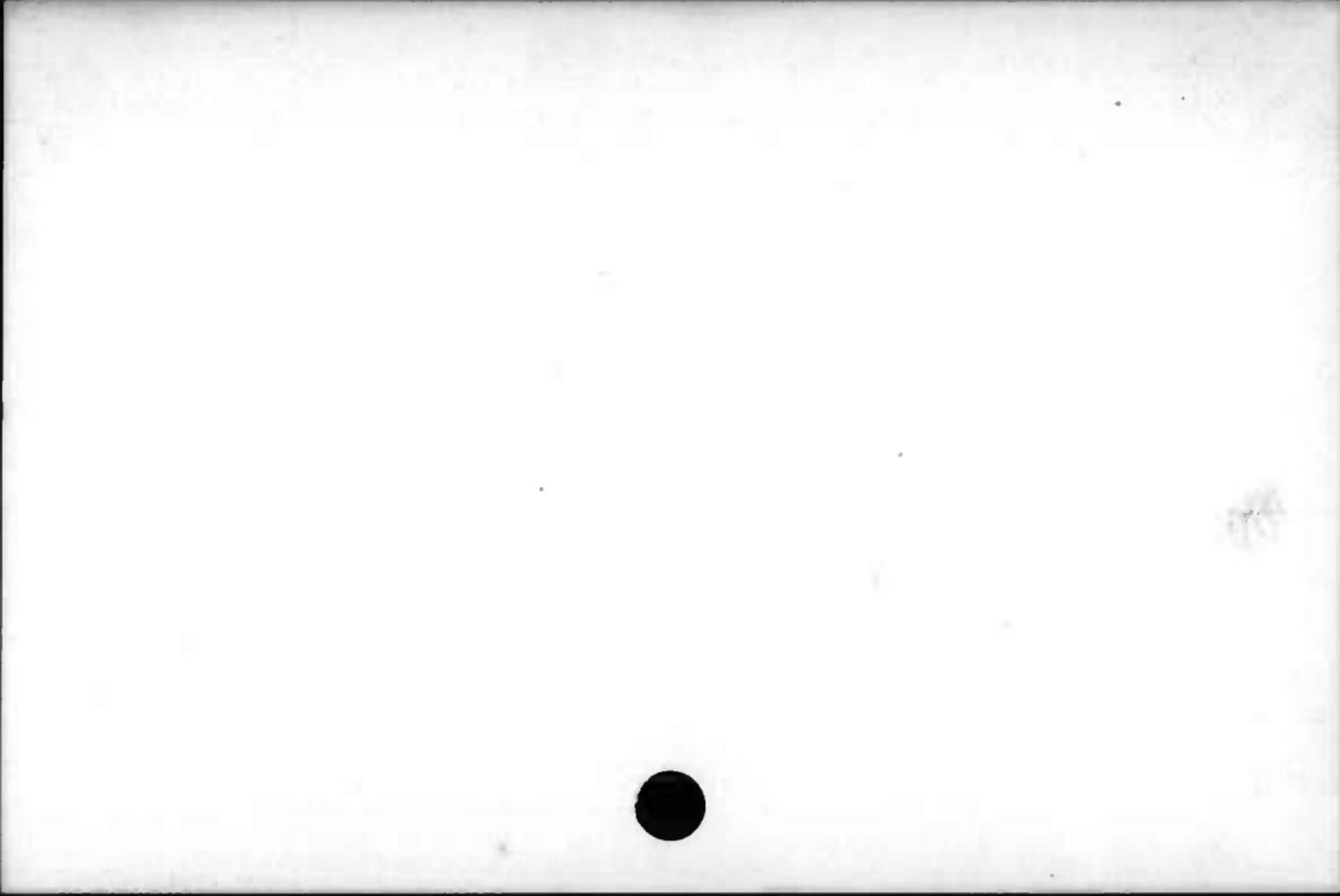
Hannah Munson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|-----------------------------|----------------------------|---------------------------------------|---|-----------------|
| Died at <u>Castleton</u> Town | | County <u>Kent</u> | | MARYLAND | |
| Date of death <u>1903</u> | Month <u>Sept</u> | Day <u>21</u> | Years <u>35</u> | Months | Days |
| Sex <u>Female</u> | Color or Race <u>Black</u> | Birth-place <u>Kent Co</u> | | | |
| Married, Single or Widowed <u>Married</u> | Occupation <u>Housewife</u> | | | | |
| Name of Wife Husband <u>John Munson</u> | | | Father's Birthplace <u>Maryland</u> | | |
| Father's Name <u>Pancratius Cogneggs</u> | | | Mother's Birthplace <u>"</u> | | |
| Mother's Maiden Name <u>Sallie Riley</u> | | | How related to deceased <u>Cousin</u> | | |
| Name of person giving information <u>James Scott</u> | | | | | |
| CAUSES OF DEATH | | | | | |
| Primary | <u>Consumption</u> | | | How long | <u>4 months</u> |
| Immediate | | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | <u>James Scott</u> | |
| attest | | Address | | <u>James Scott</u> <u>Mark</u> <u>Hairle Md</u> | |
| Accident or Suicide? <u>N Melvin</u> | | | | | |

PHYSICIAN
OR CORONER



Name
in
Full

Infant not named. Oakley

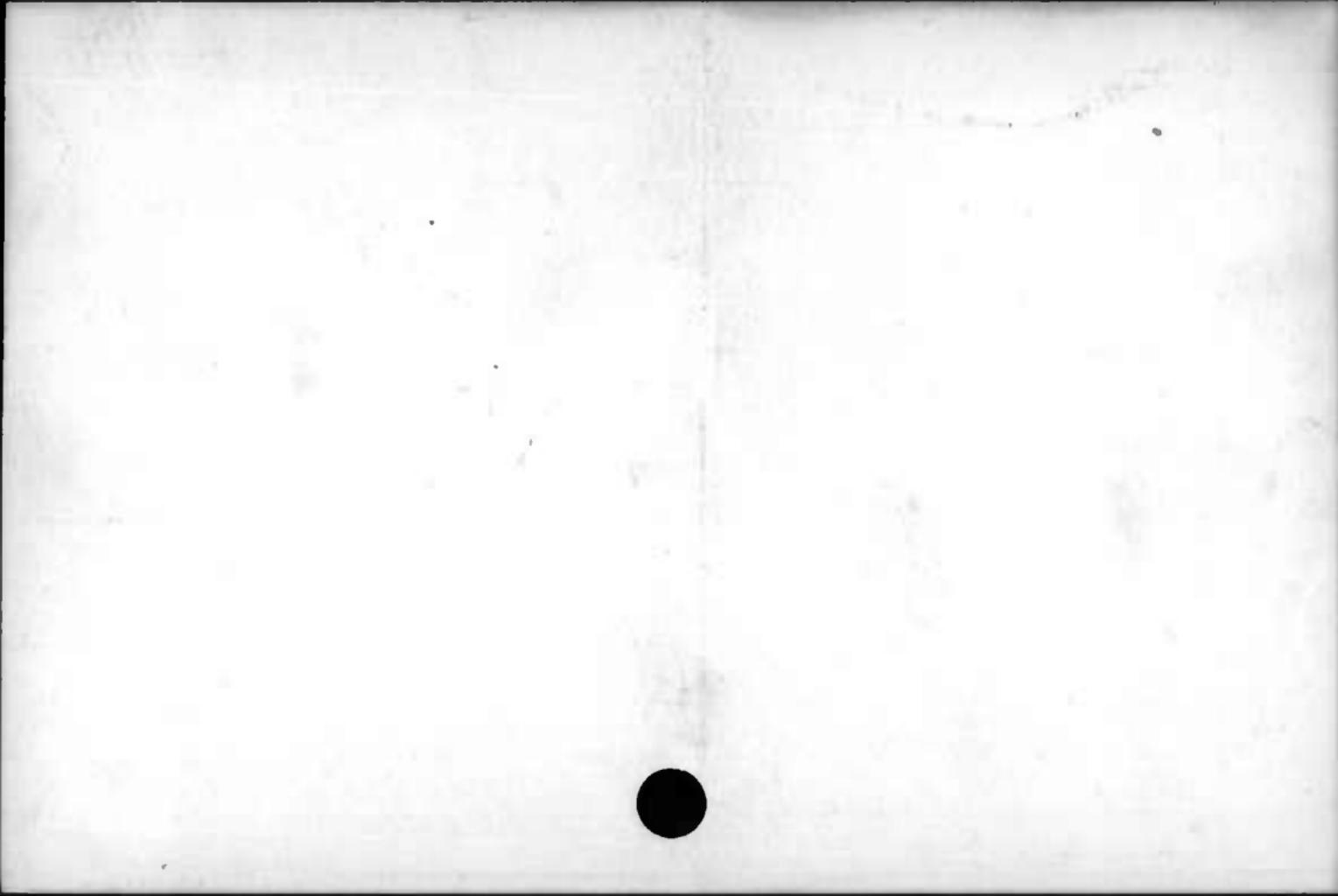
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|-----------------------------------|-----------------|-------------------------|-------|
| Died at | Town | County | |
| Died at | Big Woods | Trent | |
| Date of death | Month | Day | Years |
| 1903 | Sept | 25 | Age |
| Sex | Color or Race | Months | |
| female | Black | Days | |
| Married, Single or Widowed | Occupation | Birth-place | |
| — | — | Big Woods | |
| Name of Wife or Husband | — | 7. | |
| Father's Name | A. Louis Oakley | 75 | |
| Mother's Maiden Name | Annie M. Wilson | Md | |
| Name of person giving Information | A. Louis Oakley | Md | |
| | | How related to deceased | |
| | | Father | |

CAUSES OF DEATH

| | | |
|--|---|------------------------|
| Primary | Enter. Colitis | |
| Immediate | Enter. Colitis | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician |
| | | Address |
| Accident or Suicide? | G. J. Barnick M.D. Kennedyville Md. | |



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lloyd H. Poston

CERTIFICATE OF DEATH

| | | | | | |
|--------------------------------------|------------------------------------|--------------|-----------|-----------------|---------------------|
| Died at Cohmona | | Town Kent | | County | |
| Date of death 1903 | Month Sept. | Day 28 | Age 23 | Years 10 | Months 5 |
| Sex Male | Color or Race | White | | Birth- place | Cohmona. |
| Married, Single or Widowed | Singer | Occupation | | Oysterman | |
| Name of Wife or Husband | | | | | |
| Father's Name | J.H. Poston 27 | | | | |
| Mother's Maiden Name | Emily J. Berger | | | | |
| Name of person giving Information | Mrs. Mrs. S. G. J. | | | | |
| CAUSES OF DEATH | | | | | |
| Primary | Sarnginal & Pulmonary Tuberculosis | | | | How long 2 years |
| Immediate | " | " | " | " | How long 2 years |

| | |
|---|---------------------------|
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Yes | Address |
| No | Black circle |
| Accident or Suicide? | Address |

H. Bringe Simmons
Chesterlton
Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

| | | | | | |
|-----------------------------------|----------------------|-------------------------|---------------------|--------|------|
| Mar | Town | County | | | |
| Died at | | Resid | | | |
| Date of death 1909 | Month 9 | Day 16 | Years about 45 | Months | Days |
| Sex male | Color or Race Black | Birth-place Maryland | | | |
| Married, Single or Widowed | Occupation Farm hand | | | | |
| Name of Wife or Husband | Emily Price | Father's Name | Maryland | | |
| Father's Name | George Price | Father's Birthplace | | | |
| Mother's Maiden Name | Annie Bradshaw | Mother's Birthplace | 11 | | |
| Name of person giving information | Robt Hutchins | How related to deceased | Brother by marriage | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

6 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

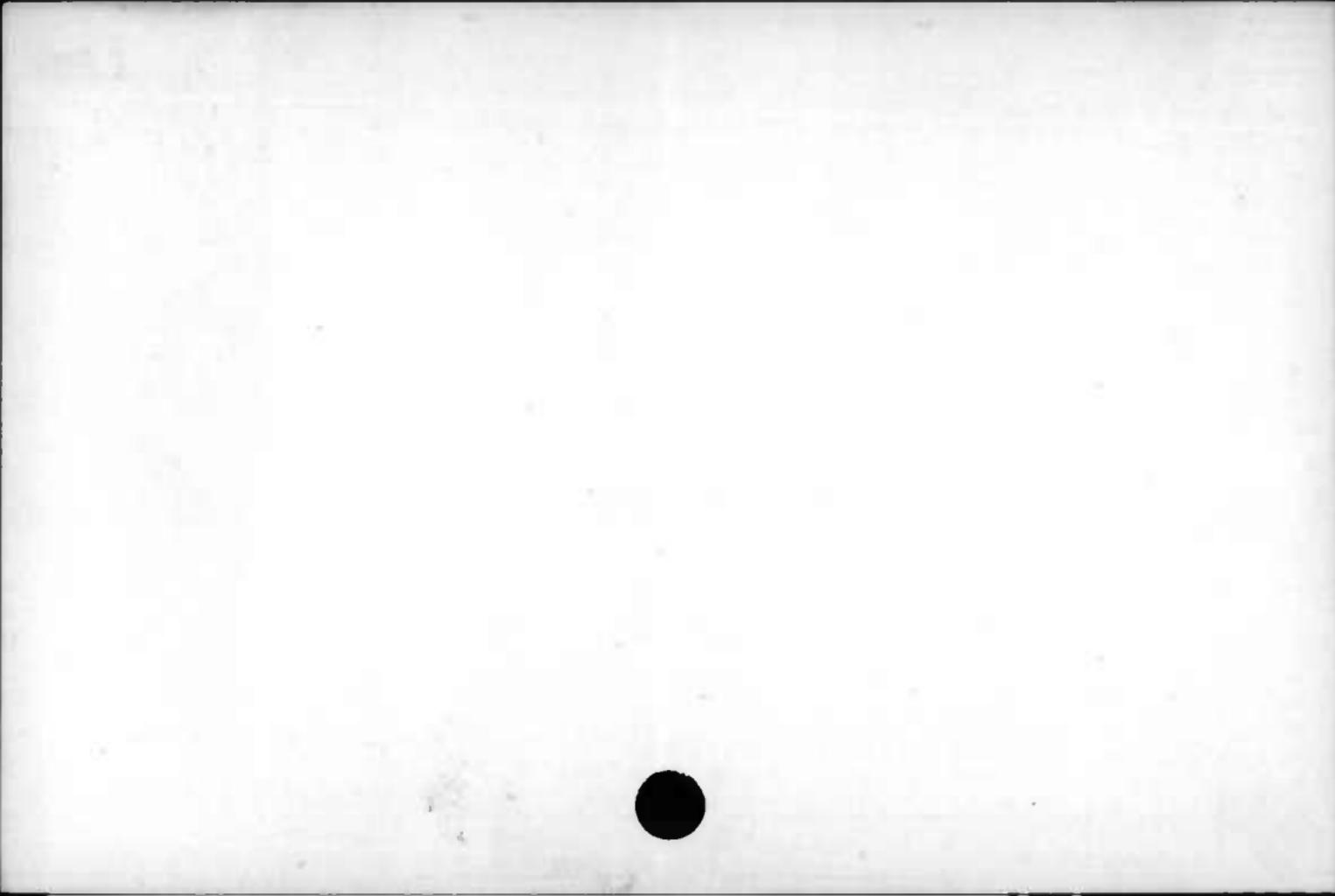
Yes

Signature of Physician

Address

Dr W W Jacobs
Millington Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|------|-------------------|--------|-------------|-----------------|------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1903 | Month Sept | Day 25 | Years 31 | Months | Days |
| Sex | Male | Color or Race | white | Birth-place | Near Millington | |
| Married, Single or Widowed | | Occupation Farmer | | | | |
| Name of Wife or Husband | | Anthony Quinn | | | | |
| Father's Name | | Michael Quinn | | | | |
| Mother's Maiden Name | | Julia Connor | | | | |
| Name of person giving information | | Jos Quinn | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

Immediate

How long

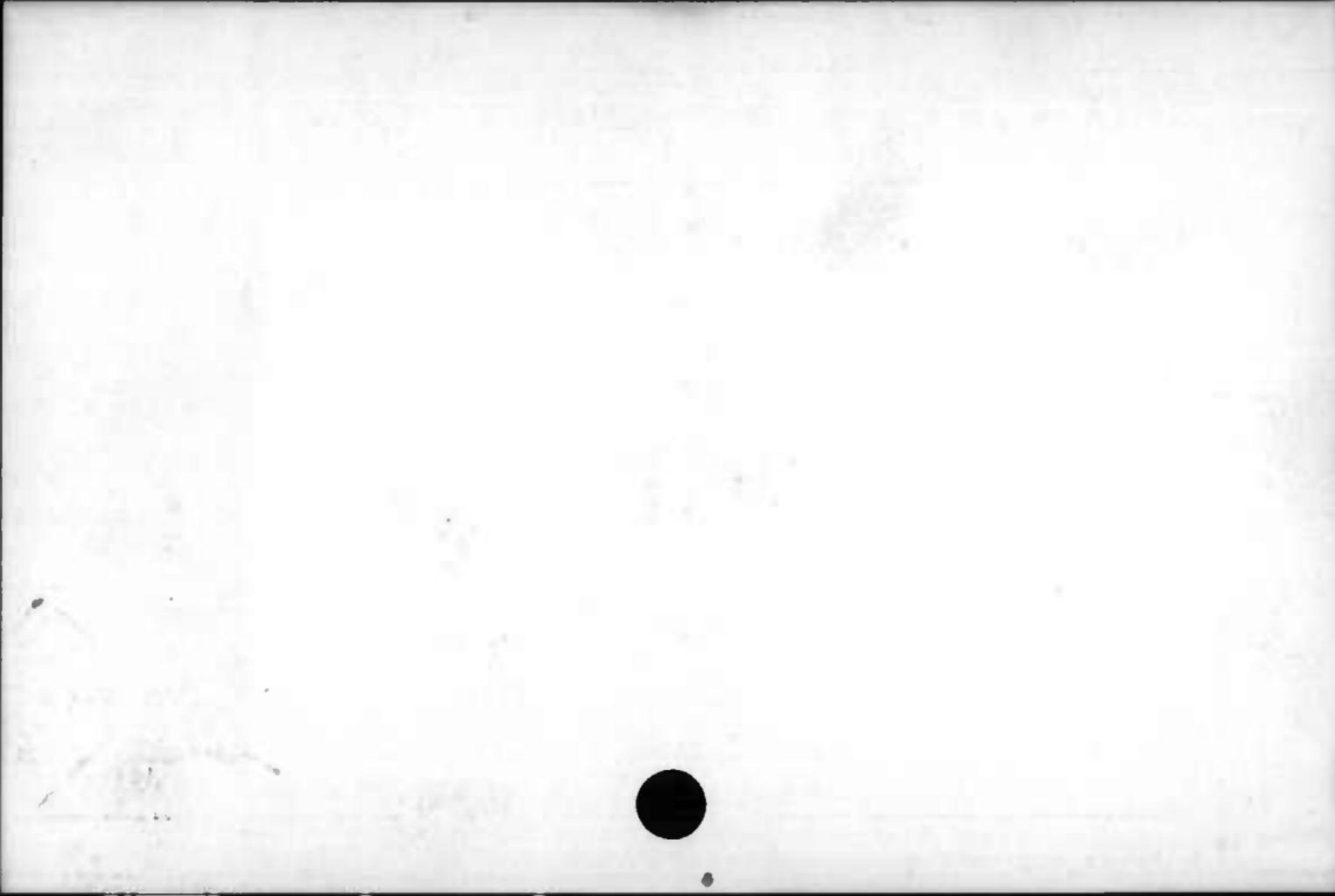
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. Clark
Millington Md.

Accident or Suicide?



Name
in
Full

Harnett E. Starling

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|------------------------------------|-----------------------|--------|------------|-------------------------|------------|------|
| Died at | Town | | County | | MARYLAND | |
| Date of death 1903 | Month Sept | Day 23 | Age 72 | Years | Months | Days |
| Sex Female | Color or Race Colored | | Occupation | Cheerstown Cook | | |
| Married, Single or Widowed Widowed | | | | Father's Birthplace | Cheerstown | |
| Name of Wife or Husband | | | | Mother's Birthplace | | |
| Father's Name Aaron Benton | | | | How related to deceased | Son | |
| Mother's Maiden Name | | | | | | |
| Name of person giving information | John Starling | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------------|-----|------------------------|-----------------|
| Primary | Cirrhosis of Liver | | How long | 10 months |
| Immediate | Asthma | | How long | 3 months |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | H.G. Simpers |
| | | | Address | Cheerstown Kent |
| Accident or Suicide? | | No | | |

Name
in
Full

William Stephens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--------------------------------------|---------------------|-------------------------|--------|----------|-------------------------|----------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death 1903 | Month Sept | Day 30 | Years | 9 Months | Days | | |
| Sex Male | Color or Race Black | Birth-place Bladensburg | | | | | |
| Married, Single or Widowed Single | Occupation nurse | | | | | | |
| Name of Wife or Husband | | | 105 | | Father's Birthplace | Virginia | |
| Father's Name Monroe Stephens | | | | | Mother's Birthplace | Maryland | |
| Mother's Maiden Name Annie Henderson | | | | | How related to deceased | Father | |
| Name of person giving information | Monroe Stephens | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate Inflammation of bowels

How long

Are the name, age, sex, color, date and place correctly given above?

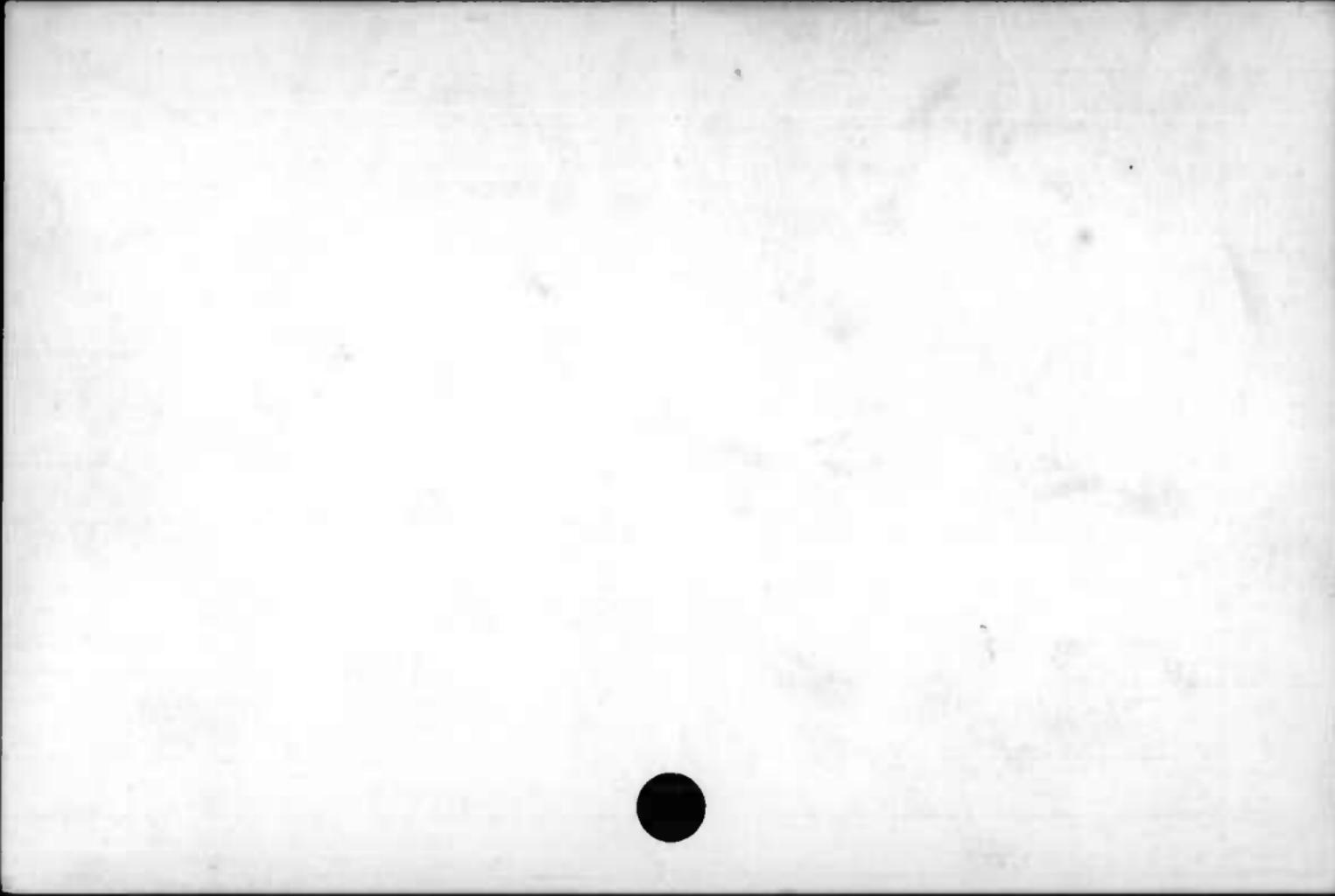
Signature of Physician

Address

J. N. Sheppard M.D.

Brumpton Rd.

Accident or Suicide?



Name
in
Full

Amie C Stork

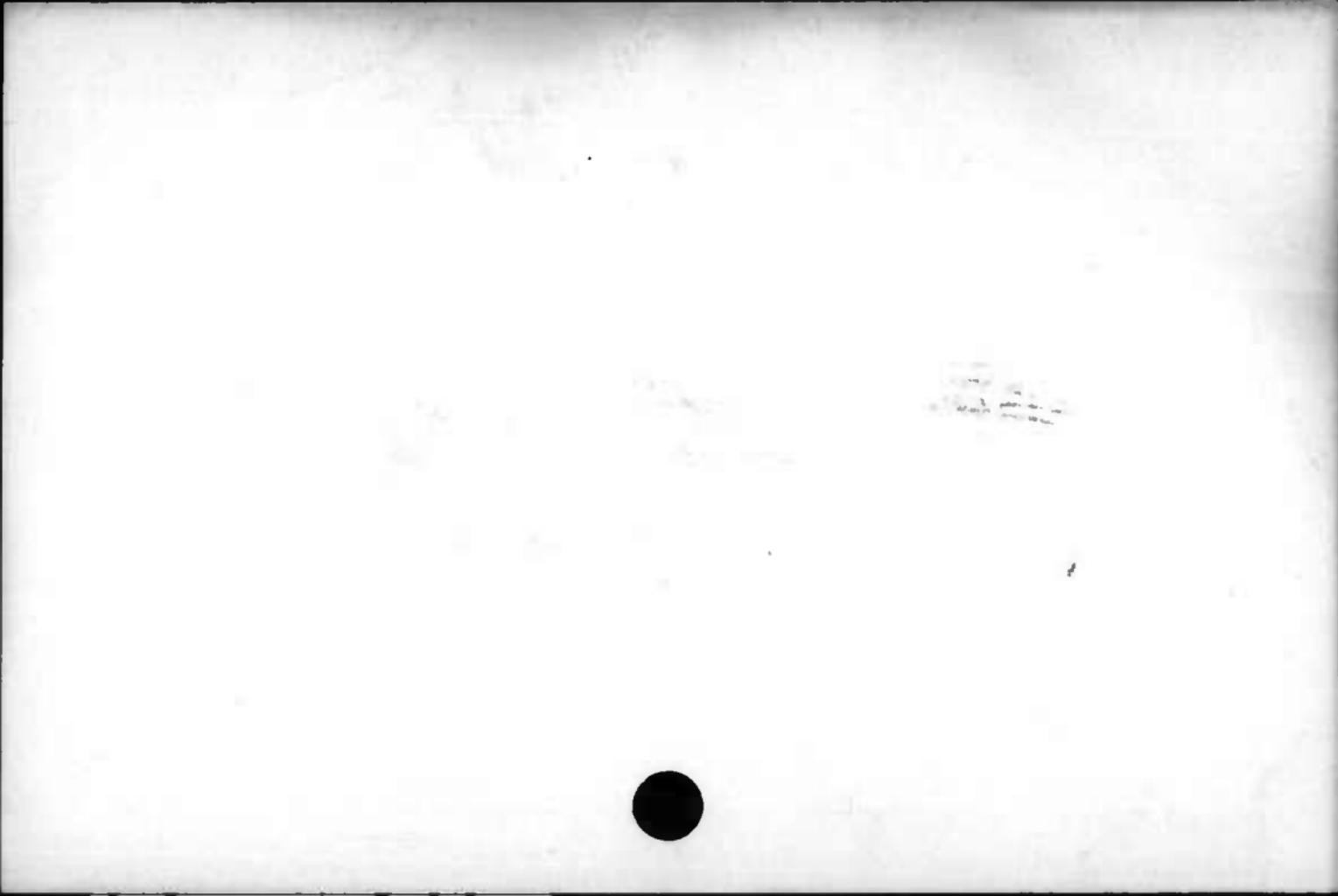
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------|------------|-------------------------|-------------|-----------|------------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death 1903 | Month Sept | Day 15 | Age 60 | Years | Months 11 | Days | |
| Sex Female | Color or Race | White | | Birth-place | Kent Co | | |
| Married, Single or Widowed | Married | Occupation | | Housewife | | | |
| Name of Wife or Husband | Daniel G. Stork | | | | | | |
| Father's Name | John Rogers | | Father's Birthplace | | | Balto. | |
| Mother's Maiden Name | Sallie Pindar | | Mother's Birthplace | | | Carolin Co | |
| Name of person giving information | Daniel G Stork | | How related to deceased | | | Husband | |

CAUSES OF DEATH

| | | | | | |
|--|-----------|----------|------------------------|-----------------------|-----------|
| PHYSICIAN OR CORONER | Primary | Apoplexy | | How long | 1 1/2 hrs |
| | Immediate | Conv. | | How long | 1 1/2 hrs |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | J. T. Simpers | |
| | | | Address | Chester town, Kent Co | |
| Accident or Suicide? | | No | | | |



Name
In
Full

Mary Faulcon, ~~born~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------|---------------|------------|---|-------------------------|--------------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death 190 | Month | Day | Years | — | Months | Days | |
| 2 | Sept. | 17 | Age | — | — | 30 | |
| Sex | Fracture. | Color or Race | Blacks. | | Birth-place | Kensley, Md. | |
| Married, Single or Widowed | Single. | | Occupation | — | | | |
| Name of Wife or Husband | — | | | | | | |
| Father's Name | Samuel Faulcon | | OK | | Father's Birthplace | Maryland. | |
| Mother's Maiden Name | Annie Gross. | | OK | | Mother's Birthplace | Maryland. | |
| Name of person giving Information | Samuel Faulcon | | OK | | How related to deceased | Fracture. | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|-----------|-----------------|----------|----------|
| Primary | Acute Nephritis | How long | 20 days. |
| Immediate | | How long | |

Are the name, age, sex, color, date and place correctly given above?

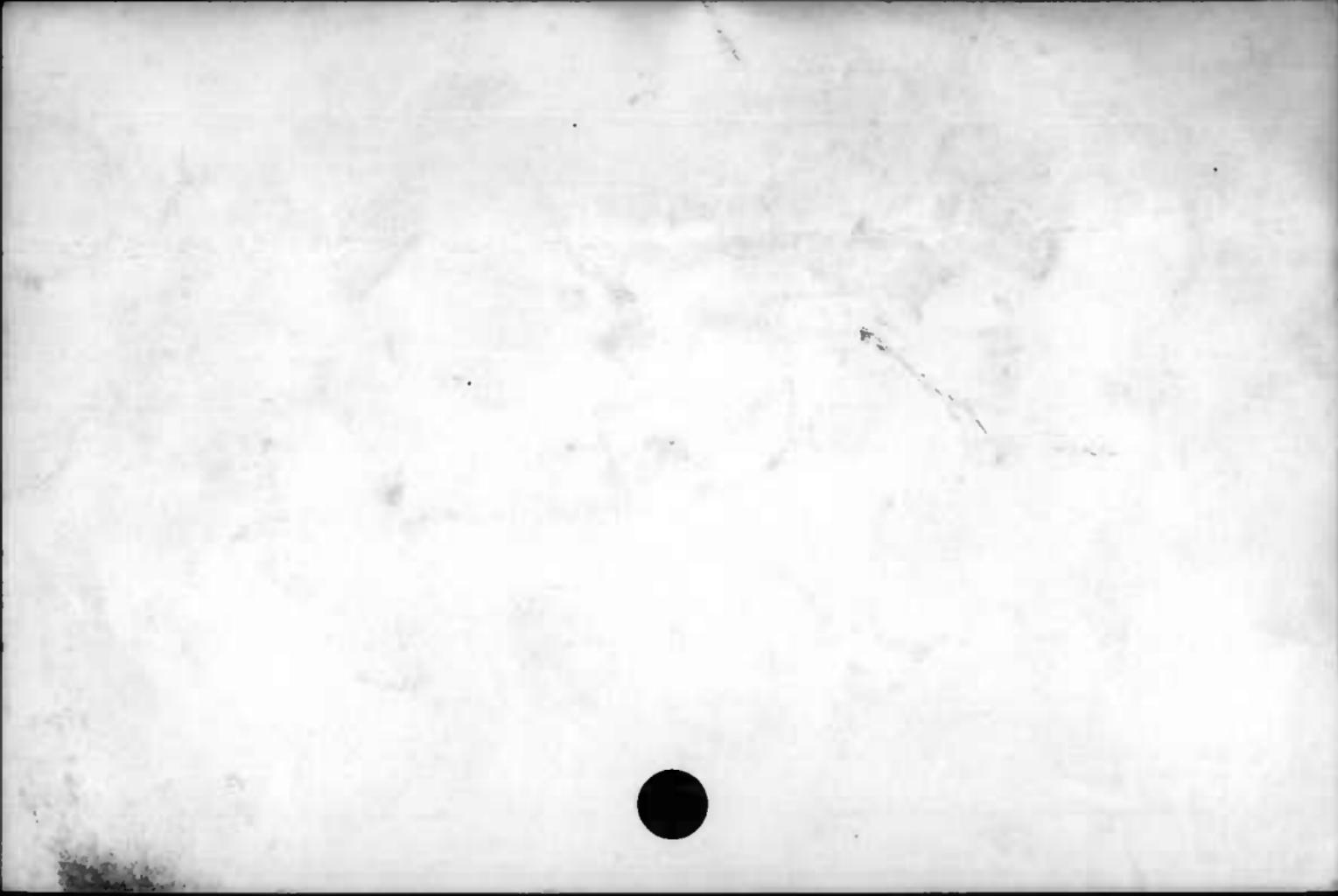
yes.

Signature of Physician

Address

J. Herbert Kelley
Kensley, Md.

Accident or Suicide?



Name
in
Full

Frank J. Trusty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---------------------|------------|---------|-------------------------------|------|
| Died at | Town | County | | MARYLAND | |
| Died at | Salina | Kirk | | | |
| Date of death 1903 | Month Sept | Day 1 | Years 1 | Months | Days |
| Sex male | Color or Race Negro | Occupation | | | |
| Married, Single or Widowed | | | | | |
| Name of Wife or Husband | | | | | |
| Father's Name | Frank Trusty | Vb | | Father's Birthplace | |
| Mother's Maiden Name | May Jackson | Vb | | Mother's Birthplace | |
| Name of person giving Information | Ben Berry | Vb | | How related to deceased Uncle | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

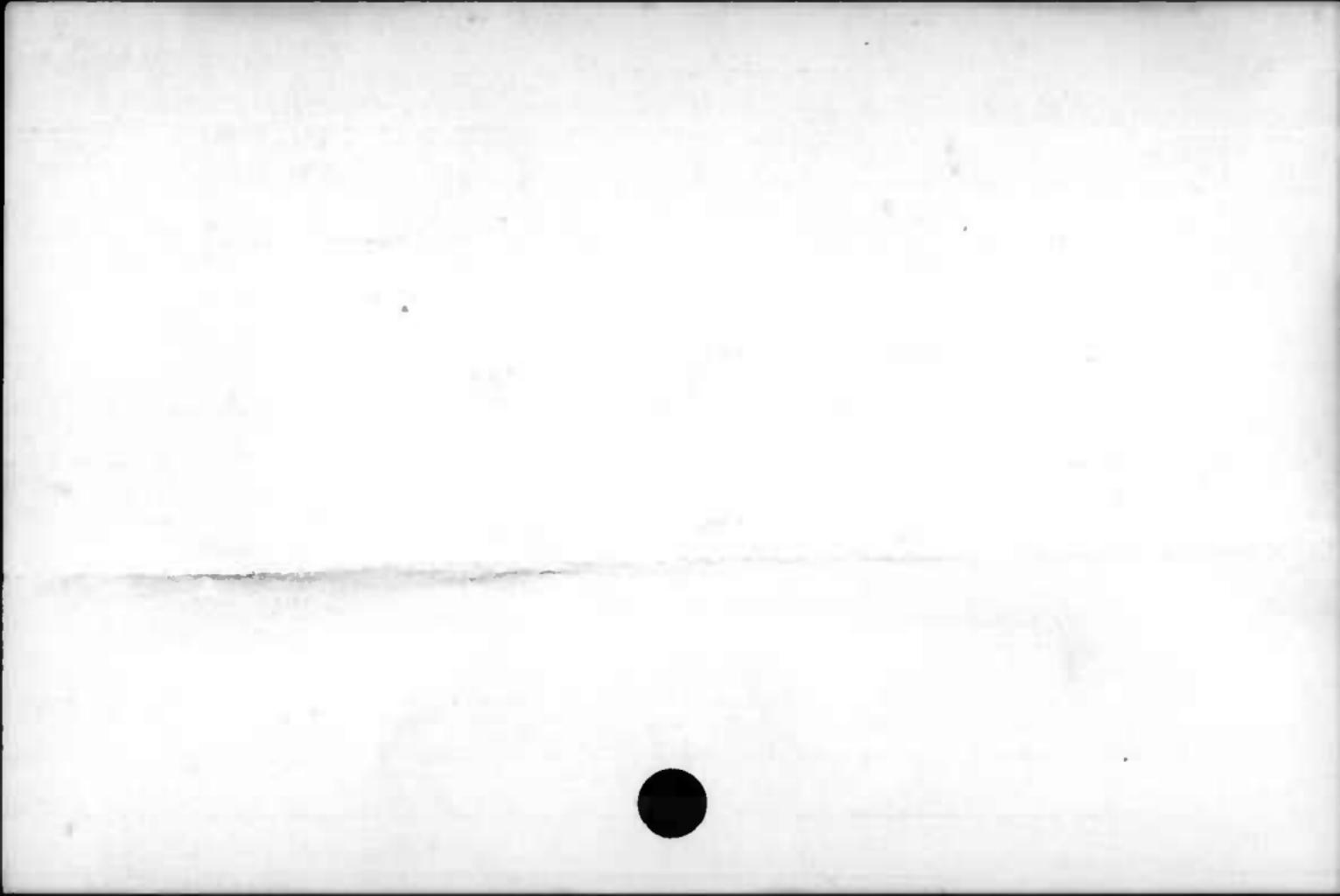
Edward A. Scott.

Address

Salina

Md

Accident or Suicide?



Name
in
Full

Mary Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|---|---------------------|----------------|--------------------------------|--------|----------|----------|--|--|
| Died at Bettleton | | Town Kent | | County | | MARYLAND | | |
| Date of death 1903 | Month Sept | Day 25 | Age — | Years | Months 6 | Days 5 | | |
| Sex female | Color or Race Black | Birth-place Md | | | | | | |
| Married, Single or Widowed Single | Occupation | | 1791 | | | | | |
| Name of Wife or Husband — | | | | | | | | |
| Father's Name Thomas Wilmer | | | Father's Birthplace Md | | | | | |
| Mother's Maiden Name Mary Houston | | | Mother's Birthplace Md | | | | | |
| Name of person giving information Thomas Wilmer | | | How related to deceased Father | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Rev R. Mexick
Still Pond Md.

Colman

Name
in
Full

Norman Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---------------------|------------|----------|-------------------------|---------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1903 | Month Sept | Day 25 | Years — | Months 2 | Days 20 |
| Sex Male | Color or Race Black | Occupation | | | |
| Married, Single or Widowed | | | | | |
| Name of Wife or Husband | | | | | |
| Father's Name | Edward Wilmer | | 15 | Father's Birthplace | Md |
| Mother's Maiden Name | Annie Johnston | | | Mother's Birthplace | Md |
| Name of person giving Information | Norman Wilmer | | | How related to deceased | Father |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria.

How long

1 Month

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Wm. S. Maxwell,
Still Pond, Md.

Yes

Address

Accident or Suicide?

Ostwald

Name
in
Full

Elwood E. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|---------------|------------------|-----------------|----------------------------|----------------|
| Died at | Town | County | MARYLAND | | |
| Date of death 190 | Month 3 | Day 9 | Years 15 - | Age 8 weeks | Months Days |
| Sex | French | Color or Race | Birth- place | Willington | |
| Married, Single or Widowed | Occupation | | | | |
| Name of Wife or Husband | | | | | |
| Father's Name | Elwood Wilson | | 15 | Father's Birthplace | Willington |
| Mother's Maiden Name | J. Harrington | | | Mother's Birthplace | " |
| Name of person giving Information | | | | How related to deceased | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|----------|---------------------------|------------|
| Primary | Marasmus | How long | Month |
| Immediate | 1 | How long | " |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | W. Kennedy |
| | | Address | Willington |
| Accident or Suicide? | | | |



Name
in
Full

James Alfred Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | |
|---|---|----------------------------|--------------------|--|---------------------------------|--------|----|------|
| Died at <u>Maryland</u> | | Town | County <u>Kent</u> | | MARYLAND | | | |
| Date of death 190 | Month <u>Sept</u> | Day <u>13</u> | Age <u>44</u> | Years | 8 | Months | 21 | Days |
| Sex <u>Male</u> | Color or Race <u>Blonde</u> | Occupation <u>Labourer</u> | | | Birth-place <u>Kentico, Md.</u> | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Sarah Thomas</u> | | | Father's Birthplace <u>Kentico, Md.</u> | | | | |
| Father's Name <u>Thomas W. Wright</u> | Mother's Birthplace <u>Kentico, Md.</u> | | | Mother's Maiden Name <u>Marieita Jones</u> | | | | |
| Name of person giving information <u>Thomas W. Wright</u> | How related to deceased <u>Father</u> | | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Concussion

How long

4 1/2 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. Herbert Keeler,
Kensington, Md.

Not intent of Suicide?

Fountain Church